O FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the peral director, page 3 shauld be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

M

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4449

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

04438

			Reg. Dis	it. No.
1. PLACE OF DEATH a. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Maryland	b. COUNTY Ke	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Chestertown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpo	rate limits, write RURAL and g	give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Kent & Queen	Control of the Contro	/d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO N
3. NAME OF First DECEASED (Type or print) Bessie	Middle Emily	Ahles 4. DATE OF DEATH	Month April	26 19 59
5. SEX 6. COLOR OR RACE 7. MARR Female Caucasia WIDOWE		B. DATE OF BIRTH April 13, 1902	1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) Housewife	KIND OF BUSINESS OR INDU	Massachuset		USA
13. FATHER'S NAME Judian Francis Perr		14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (I'ves, no. or unknown) (I'ves, no. or unknown) (I'ves, give wor or dotes of service)		onanown deceased	Address	
Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause lost. DUE TO DUE TO (b) C C C C C C C C C C C C C	ongestive He	ery disease		? years
	neumonia, re			1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO K
20c. TIME OF INJURY Manth, Day, Yeor 20d. It Haur a. m. 19 While of warl	NJURY OCCURRED 20e. PL. Not while fai	ACE OF INJURY (Home, form, action, street, office bldg., etc.)	y or lawn) (C	County) (State)
21. I certify that I attended the decease alive on 4-25. ACTUAL SIGNATURE FAUL ROPHYSICIAN'S HARRY PAUL RO	9 and that death	occurred at 1:00pm/ror Address (s M.D. 203 North		DATE SIGNE
220. BURIAL, CREMATION, 22b. DATE THEREOF 4/28/59	Chester Ce	r crematory 22d LOCA Ches	TION (City, town, or county) stertown, Md	(State)
23 FUNERAL DIRECTOR'S AIGNATURE	Chesterto	wn, Md. 240. REC'D BY REGIS		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to TO FUNERAL DIREC VS A15 (4) 15M 9/55

e hospital ar attending physician.

THE PARTY OF STREET WAS ARRESTED FOR THE STREET, BUT with your transfer with the A Line of the

The second secon

I. PLACE OF DEATH				2. USUAL RESIDENCE (\	Where deceased		Reg. Dist. No : Residence befo			
	ent		MARYLAND	Md.			Kent			
RURAL ond give		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (ote limits, write RUI	RAL and give ne	earest lown)		
Rural Mil				X Rural Mil	lington					
OR INSTITUTION	TAL (If not in hospital, g	jive street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE OF	Month	D	ay Year		
(Type or print)	BRENDA	P		ASHLEY	DEATH	April	4,	1,59		
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9			R IF UNDER 24 HRS.		
Female	Colored	WIDOW	ED DIVORCED	Oct. 9, 195	8	yrs.	Months Days	Hours Min.		
0a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (SIO	le or foreign cou	untry)	12. CITIZEN	OF WHAT COUNTR		
Baby	and the creat it remod		Baby	Wilmingt	on Del.		U.S.	A.		
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
James As	shlev			Rosie Su	dler					
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	s			
not not of distinguity	(it yes, give wor or dates or s	ervice	None Ja	mes Ashley		Millingt	on. Md.			
18. CAUSE OF DE	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond-(c).] INTERVAL BETWEEN									
	ATH WAS CAUSED BY:		1 som	moneter			ON	SET AND DEATH		
17971		_	1 77000					1441		
w/ 1 1/ 60	DUE TO	1.00	10							
Conditions, if	DUE TO	Such	Cicle C	LELI AN	en 1/2			ILPEK		
Conditions, if a	any, which	Buch	Gick (LELL AN	em1/7			ILLEK		
Conditions, if a gove rise to couse (o), stoting	immediate DUE TO	Buch	Gielt (JELL AN	em14			1 week		
Conditions, if a gove rise to couse (a), stating lying couse lost.	ony, which immediate the under-	Such	ONTRIBUTING TO DEATH BU			CONDITION GIVE	J IN PART YOU			
Conditions, if a gove rise to couse (a), stating lying couse lost.	any, which immediate the under (b) DUE TO (c) HER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER.	MINAL DISEASE		N IN PART 1(o)			
Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT PART III. OT OR CONTRIBUTING (IF EITHER, NOTIFE)	ony, which immediate the under-	DITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER.	MINAL DISEASE		N IN PART 1(o)	19. WAS AUTOPSY PERFORMED?		
Conditions, if a gove rise to couse (o), storing lying couse lost. PART II. OT PART III. OT OR CONTRIBUTING (IF EITHER, NOTIFE)	any, which immediate the under- DUE TO CON HER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	CRIBE HOW INJURY OCCURRI	T NOT RELATED TO THE TER.	MINAL DISEASE n Port I or Port I	II of item 18.)	V IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO		
Conditions, if a gove rise to couse (o), storing lying couse lost. PART II. OT OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. j., p. m.	AS UNDERLYING CAUSE OF DEATH CAUSE O	DITIONS C 20b. DESI	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not white for the post work	T NOT RELATED TO THE TER. D. (Enter nature of injury in ACE OF INJURY (Home, factory, street, office bldg., e	MINAL DISEASE n Port I or Port I rm, 20f. (City of	II of item 18.) or town)	(County)	19. WAS AUTOPSY PERFORMED? YES NO CONTROL NO CONTROL (Stote)		
Conditions, if a gove rise to couse (o), storing lying couse lost. PART II. O1 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. p. m. 21. 1 certify t	any, which immediate the under- DUE TO (c) HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yee	DITIONS C 20b. DESI	NJURY OCCURRED 200. PI for work and wor	T NOT RELATED TO THE TER. ED. (Enter nature of injury in ACE OF INJURY (Home, factory, street, office bldg., etc.)	MINAL DISEASE n Port I or Port I rm, 20f. (City of the.)	II of item 18.) or town)	(County)	19. WAS AUTOPSY PERFORMED? YES NO (Stote) (Stote)		
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Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT PART II. OT PART III. OT PART	AS UNDERLYING GAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yea 19 10 11 12 12 13 14 16 16 16 16 16 16 16 16 16	20b. DESI 20b. DESi ar 20d. III While of wor deceas	NJURY OCCURRED Not white of twork ACCURRED ACCU	T NOT RELATED TO THE TER. CD. (Enter nature of injury in the control of injury	MINAL DISEASE Port I or Port I Tm., 20f. (City of the.) A CRIC AM, from ADDRESS (Sire M. R. R.	or town) - 7, 19.59, the causes an set, city or town, str	(County)	(Stote) The stated above DATE SIGNE		
Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT PART II. OT PART III. OT PART	AS UNDERLYING GAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yea 19 10 11 12 12 13 14 16 16 16 16 16 16 16 16 16	20b. DESI 20b. DESi ar 20d. III While of wor deceas	NJURY OCCURRED NOT While of from ARIC AGG NER AGG NER 20e. Pl fc Rot Work AGG NER 22c. NAME OF CEMETERY C	T NOT RELATED TO THE TER. CD. (Enter nature of injury in the control of injury in the colory, street, office bldg., end accurred at 100 mm. of accurred at 100	MINAL DISEASE Port I or Port I Tm., 20f. (City of the.) A CRIC AM, from ADDRESS (Sire M. R. R.	or town) - 4, 1957, the causes an set, city or town, ste Ce ST ON (City, town, or Millingt AR 24b, REGISTI	(County)	19. WAS AUTOPSY PERFORMED? YES NO (Stote) (Stote) (Stote)		

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMODE 18

	Street, March 1971
Page 1 12 Manager	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4450 CERTIFICATE OF DEATH

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								KAR' DIST		
1, PLACE OF DEATH o. COUNTY	Kent		MARYL		o. STATE Mary	here deceased	b. COUNTY	oni Residence Kent		mission)
RURAL ond give ne		its, write	c. LENGTH OF STAY IF	4 1b	c. CITY OR TOWN (IF		rote limits, write R	URAL and gi	ve nearest t	own)
d. NAME OF HOSPIT. OR INSTITUTION Kent & Qu	AL (If not in hospitol, s		oddress)		d. STREET ADDRESS	патт			01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fii Aı	nnie	Middle		Carter	4. DATE OF DEATH	Mon	th	Doy 12	Year 19 59
s. sex Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED		2/20/81		9. AGE (In years lost birthdoy) 78 yrs.		YEAR IF U	NDER 24 HRS.
Howsewi	ing life, even if retired	done 10b.	KIND OF BUSINESS OR		Baltimo	re, M	aryland		eves M meri	AT COUNTRY?
13. FATHER'S NAME	Harry G	add		ľ	4. MOTHER'S MAIDEN		nknown			
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wer or dotes of s		SOCIAL SECURITY NO.	17. INFO	rmant rs. Berth	a Gea:	rs. Che	stert	own.	Md.
PART I. DEA: 4 20 1 Conditions, if or gove rise to in couse (o), storing the large storing the large storing couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ty, which neediate the under-	, <u>C</u>	one for (o), (b), and (c).]		T RELATED TO THE TERM	MINAL DISEASI			INTERVAL ONSET A	BETWEEN ND DEATH
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY YOU OB P. m.	CAUSE OF DEATH MEDICAL EXAMINER)		Not while	Oe. PLACE	nter noture of injury in OF INJURY (Home, farr, street, office bldg., et	m, 20f. (City		(Co	vnty)	(Stote)
21. I certify the alive on	at I attended the	decease, 19	ed fram. MAI	death ac	7, 195), to	ADDRESS (SI	n the causes a reet, city or town,	nd an the store)		ne deceased ated abave, DATE SIGNED
220. BURIAL, CREMATION PEMOVAL (Specify) 23. FUNERAL DIRECTOR'S Edgan	4-115/5	g ls	Desley &	ERY OR CE	240. REC	D BY REGIST		STRAR'S SIGN	IATURE	note)

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	Thomas .	
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	and the	

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4451

CERTIFICATE OF DEATH

()4441 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Kent		MARYLA		USUAL RESIDI		yland	lived. If instituti b. COUNTY		ent	odmissi	ion)
b. CITY OR TOWN (IF RURAL and give need the stert	outside carporate limit arest town) OWN	s, write	c. LENGTH OF STAY IN	√ 1b		ck Ha		te limits, write R	URAL and	give neare	est town)
d. NAME OF HOSPITA OR INSTITUTION Kent &	L (If not in hospitol, g Queen An		oddress)	/	d. STREET AD	DRESS					IS RESI	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	BARTUS	st	Middle	lui-	CARTE		4. DATE OF DEATH	Apri.		22 22	\ 1	reor 1959
5. SEX Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	U T	ate of Birth une	18	385	AGE (In years 1571) irthdoy) yrs.	Months	1 YEAR II Days	F UNDE Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of working most of working waterman 13. FATHER'S NAME	ng life, even if retired)	lone 10b.	KIND OF BUSINESS OR			aryla	and	entry)		JSA	WHAT	COUNTRY?
15. WAS DECEASED EVER	Carter IN U. S. ARMED FORG		SOCIAL SECURITY NO.	17. INFO			n Can	non Add Cheste		vm .	Md.	
PART I. DEAT 420./ Conditions, if on gove rise to in couse (o), stoling to lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which mediate he under: (c)	Cor	ne for (o), (b), and (c).] CONARY thr			THETERMIN	NAL DISEASE	CONDITION GIV	'EN IN PAR	12 T 1(0) 19.	WAS A	DEATH JYS
PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify the alive on	CAUSE OF DEATH AEDICAL EXAMINER) Month, Doy, Yeo 19	or 20d. It While of wor	k of work	0e. PLACE factory	OF INJURY (H, street, office	ome, form, bldg., etc.)	20f. (City of	5 9 ., 19	,that I	County)	w the	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	LINGE OBERT W	FARI	R	M.D.				town.			4/	22/5
270. BURIAL, CREMATION BREMOVAL (Specify) 23. FUNERAL DIRECTOR'S	4/25/5	9	22c. NAME OF CEMET	1 .	pe/	24o. REC'D	PEC BY REGISTR. 2 8 '59		or county) // STRAR'S SIG			,

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Maria Company of the San			THE RESERVE OF THE RESERVE OF
			MARKET BEST STATE OF
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VS A15 (4) 15M 10/57

IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY Kent Co. Maryland U.S.A. Address Worton, Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (County) (Stote) , 1954, that I last saw the deceased , and that death accurred at 11: 6AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 6 Chestertown

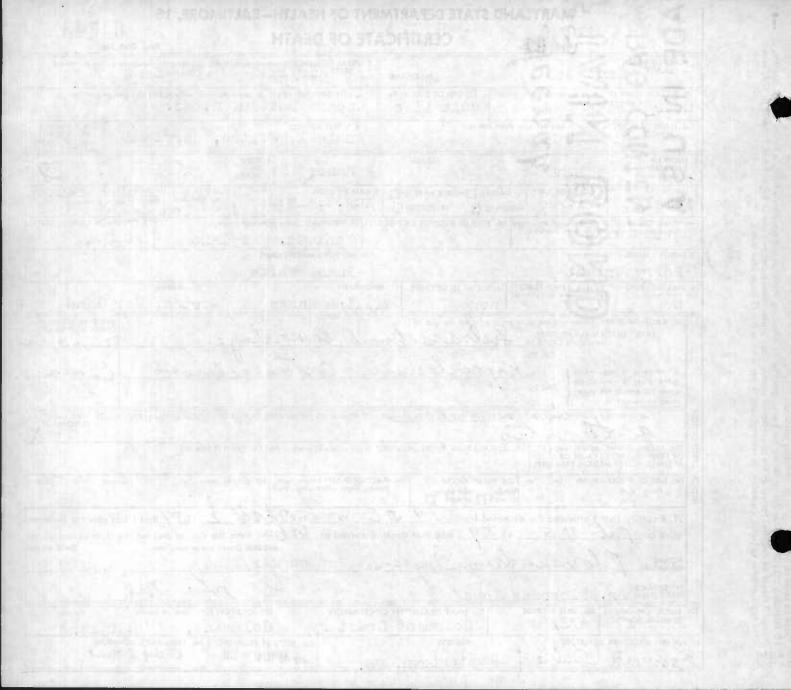
Rea. Dist. No

e. IS RESIDENCE

ON A FARM?

YES NO TA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		4453 CERTIFICA	ATE OF DEATH
director.	1,	PLACE OF DEATH COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deco
death death	_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	c. CITY OR TOWN (If outside c
ithin 24 hours sty fitted in by Pages 1 and 2	3.	NAME OF First (Minnie) Arminta	Lost 4. DA OF Higgins B. DATE OF BIRTH
ecuted within 24 completely filled papers. Pages 1 ath.		Female White WIDOWED DIVORCED . USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUdring most of working life, even if refired)	10/19/1889
physicion and comp smovy-carbon paper hoprs after death.	13.	Housework Home FATHER'S NAME Joseph Elburn	Maryland 14 MOTHER'S MAIDEN NAME Harriett Bec
ottending phys ottending phys n please remov within 72 hopf		WAS DECEASED EVER IN U. S. ARMED FORCES? 1. no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	nformant spital Records
w requires that the sicion. een signed by the ronsit permit. Their i, and in any event	CATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Terminal bronc 433./ Conditions, if any, which gave rise to immediate cause (o), stoting the under-lying couse lost. Withat A other significant conditions contributing to death but the significant conditions.	in bed eriosclerosis no rakeli Hirminal po ne paritis,
PHYSICIAN: The ic tal or ottending phy: this certificate has b or use as the buriol-t remation, or remova	MEDICAL CERTIFIC		
or ATENDING ined but hospit DIREC.: After Id be defached fo prior to buriol, or		21. I certify that I attended the deceased from 3/30 alive on 4/25, 19.59, and that death ACTUAL SIGNATURE	19.59, to 14.7 accurred at 8:15 AM, 1 ADDRES
HOSPITAL FOY be retained by be a special age 3 should be registrar	220	PHYSICIAN'S NAME (Type) ROBERT W. FARR BURIAL CREMATION, 122b. DATE THEREOF REMOVAL (Specify) April 27 Wesley Cha	or Crematory 22d. 10
VS A15 (4)	23.	EUNERAL DIRECTOR'S SIGNATURE! ADDRESS Church Hill	240. REC'D BY REDATE APR 2

										Keg. U	sr. No.		
	PLACE OF DEATH					JSUAL RESI	DENCE (Whe	ere deceased	lived. If instituti	one Resider	nce before a	dmissio	on)
		Kent		MARYL	AND		Mar	vlan			Kent.		
H	b. CITY OR TOWN (If RURAL and give ne	outside corporate limit orest town)	s, write	c. LENGTH OF STAY II	N 16	CITY OR			rote limits, write R	URAL and		lown)	
	Chestert	Own		26 day	e X		Rock	Hall	1				
	d. NAME OF HOSPITA	AL (If not in haspital, g		address)		d. STREET A	DDRESS	110.1			1 0	S RESID	FARM?
	Kent	& Queen A	nne	S							1 11	:2 []	NO 🔯
	NAME OF DECEASED (Type or print)	Fire	(Minnie Middle		Los		4. DATE OF DEATH	Mon	ith	Day		eor
		Arminta			1.	Higg:			Apri	1.0	25	19	
5. 5			VIDOW	NEVER MARRIES DIVORCED	_	TE OF BIRT	ห /1 <i>8</i> 89		9. AGE (In years lost birthdoy)	Months		aurs	Min.
	Female	White							09	100 00			
IVa	during most of work	ing life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUSTRY	10.00		or foreign co	ountry)		TIZEN OF W	VHAT (COUNTRY?
	Housewor	K		Home		Mary	yland				USA.		
13.	FATHER'S NAME				14.	MOTHER'S	MAIDEN N	AME					
	Joseph	Flhurn				Honn	iett	Pools					
15.		IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INFOR		LEGUL.	DECK	Add	ress			
		It yes, give wor or dates of se											
					Hosp	ital	Reco	rds.	Cheste	rtow	a. Mo		
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).				,			INTERVA		
	PART I. DEA	TH WAS CAUSED BY:	ma	amin al har							ONSET		
	11221	IMMEDIATE CAUSE (o	Te	rminal bro	oneno	pneur	nonia				-3	da:	ys_
	433.1	DUE TO											
	Conditions, if ar	y, which) (b	Tr	olonged st	taw i	n hee	3				26	5 2	avs
	gave rise to in			mongen o	Jay 1	11 1000							et y >
	cause (a), stating !	ne under-	1.										
	lying couse lost.) (c	en		arter				Auricul	er f	ibril	la	tion
Ó	Wit BART A OTH	FR SIGNIFICANT CON	HIBNS !	ONTRIBUTING TO DEA	THE BUT NOT	RELATED TO	THETERMIN	NAL DISEAS	COMPLION CI	EN IN PAR	T 1(o) 19. V	VAS A	UTOPSY
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CERTIFICATION	200. ACCIDENT WA	utation o	20h DES	ight leg (CUPPED /Fm	o gar	gren	e Lar Parl	II of item 18.1				100
RT	OR CONTRIBUTING	CAUSE OF DEATH	200. 013	CRIBE 13047 11430K1 OC	CORRED. (EII	nei nuivie u	n mjory m r	on rai rai	ii or nem ro.,				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes	r 20d. II	NJURY OCCURRED	Oe. PLACE C	OF INJURY	Home, farm,	20f. (City	or town)	(County)		(Stote)
03	Hour o.m.	19	While	Not while	foctory,	street, office	e bldg., etc.))					
Z	p. m.	17	of wor	k of work									
	21. I certify th	at I attended the	deceas	ed from3/30)	. 19. 59), ta	4/24	5/	9.that I	last saw	the d	leceased
	alive on	1. /25		59, and that									
	dive on	77	-, 12-,	J-7-, and that	Jean acc	urrea at			reet, city or tawn,		ne date :		
		11 (1h)	L					ADDRESS (SI	reer, city or town,	store)		DAI	E SIGNED
	SIGNATURE_	Hell.	100	v	M.D.			Ches	stertow	n Me	d	4/	25/50
					15								-27-7-
	PHYSICIAN'S NAME (Type)	OBERT W	FARI	2									
220	BURIAL, CREMATIO			22c. NAME OF CEME	TERY OR CRE	MATORY		22d. LOCAT	ION (City, town,	ar county)		(Stote)	
	REMOVAL (Specify)	April 2	7	Wesley				Rock	44	harv	land	, 5.0.0)	
23	EUNERAL DIRECTOR'S	SIGNATURE	-	ADDRESS	-		24n BECIE	BY REGIST	-	STRAR'S SI			
(THE DIRECTOR !	/ 1 1	0/	Church H	177.	Ma.	AD. REC'D	D 9 9 TO			- Kraus		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE REPARTMENT OF HEALTH-HALTIMORE, IE

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Manual Company of the State of			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 114445 CERTIFICATE OF DEATH 4454 ħ Reg. Dist. No. filed with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND Kent Maryland Kent b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Chestertown vears Chestertown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 618 High Street Kent & Queen Anne's YES NOT 2 NAME OF 4. DATE First Middle Last Month Day Year OF filled 7.959 Hiltner Sarah Jane April (Type or print) 9. AGE (In years tost birthday) IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. SEX Days Hours April 20,1885 Female Caucasian | WIDOWED X DIVORCED [YIS. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Clough William Howell 72-hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes Charles H. Callaway Magnolia, Deleware ottending No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral vascular thrombosis IMMEDIATE CAUSE (a) DUE TO þ Generalized Arteriosclerosis Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DO Myocardial infarction Renal insufficiency 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20f. (City or town) (Stote) Day, Year (County) factory, street, office bldg., etc.) Hour a.m. Not while at work of work 21. I certify that I attended the deceased from 4-10-1959 4-14-1959, 19 that I last saw the deceased and that death occurred of 6:15P M, from the causes and on the date stated above. DATE SIGNED ACTUAL 203 North Queen Street DIRECTOR PORTE 5 3 should HARRY PAUL ROSS, M.D. Chestertown, Maryland FUNERAL I PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) BREMOTAL [Specify] Harrington, Del. Hollywood Cem. 0 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE Chestertown, Md. APR 2 0 '59 arthur & France VS A15 (4)

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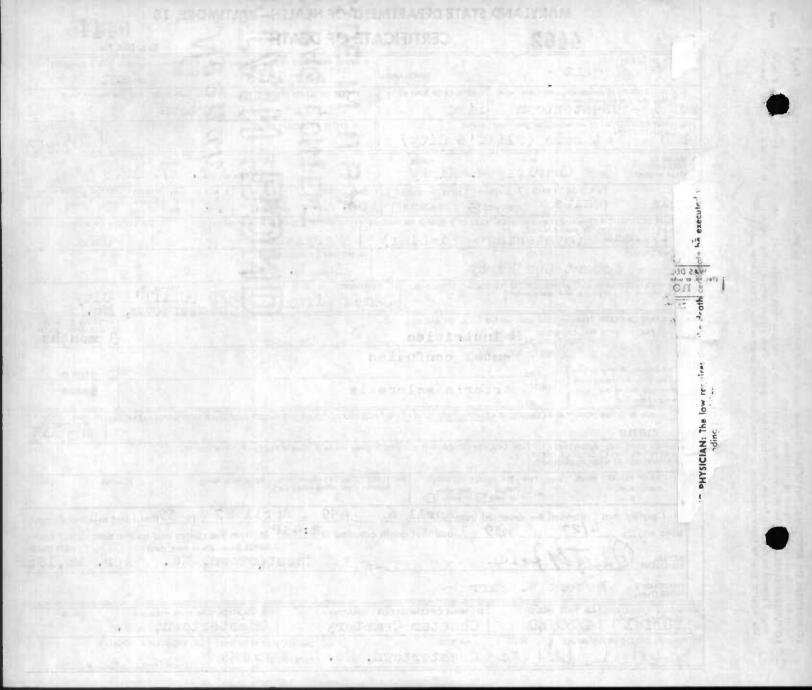
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
1100	CEDTIEICATE OF DEATH	

04446

	2702	CERTIFIC	AIL OI DEA			Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY	Ment	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary		ed. If institution b. COUNTY	Residence Ken	
RURAL and give_r	(If outside corporate limits, write legrest town) nestertown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (limits, write RUI	RAL and give	e nearest town)
- QLINSTITUTION	TAL (If not in hospital, give stree at home (Cli		d. STREET ADDRESS	45			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Charles	W. Kirby	Lost	4. DATE OF DEATH A	pr. 27	, 195	Day Year
s. sex male	white widow			1887 7	2 yrs.	Months Do	EAR IF UNDER 24 HRS.
during most of working to the working most of working most of working the work	ON (Give kind of work done 10to king life, even if retired) N (oysterin		JSTRY 11. BIRTHPLACE (SIG	Charles of the con-	ואי		N OF WHAT COUNTRY
13. FATHER'S NAME	aband To W	3	14. MOTHER'S MAIDEN				
	obert Lee Ki		Ida L.	Neil			In some
no. or unknown	ER IN U. S. ARMED FORCES? 16 (III yes, give war ar dates of service)	J	ames Kirby	RF.	D (Cli	ff's	City
PART I. DE		nutritien tal confusion	on .				INTERVAL BETWEEN ONSET AND DEATH 3 menths
gave rise to i cause (a), stating lying cause lost.	mmediate	terie sclere	osis				same
none	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU				IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO 2
	MEDICAL EXAMINER)						
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Year 20d. White at wa	Nat while fo	ACE OF INJURY (Hame, fa actory, street, affice bldg., e	rm, 20f. (City or telc.)	lawn)	(Cour	nty) (State)
21. I certify the alive an	Lut When	sed fram April 6	accurred at	PM, fram the ADDRESS (Street, Stertown	e causes and	d an the	t saw the decease date stated above DATE SIGNE P. 28, 195
PHYSICIAN'S NAME (Type)	Robert W. F	arr					
220. BURIAL, CREMATIC REMOVAL (Specify)	22b. DATE THEREOF 4/30/59	Chester Ce			City, town, or er town,		(State)
23 FUNERAL DIRECTOR	SSIGNATURE USUS	ADDRESS Chestertow		C'D BY REGISTRAR	24b. REGISTR		



After this certificate has been signed by the attending physician and campletely filled in by the eral director, ached for use as the burial-transity permit. Then please remove carbon papers. Pages 1 and 2 should be filed with burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR hospital or otten physical may be retained.

TO FUNERAL DIRE. After this certificate has beinge 3 should be detached for use as the burial-trafter registrar prior to burial, cremation, ar remayal,

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4455 **CERTIFICATE OF DEATH**

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Pag	Dist	No	

								Ked. DI	31, 140.
1. PLACE OF DEATH o. COUNTY	Ken t		MARY	LAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceony)	b. COUNT		nce before admission)
RURAL and give ne	outside corporate limit arest town) PTOWN	ts, write	c. LENGTH OF STAY	IN 16	X Rocl	(If outside corp	porote limits, write	RURAL and	give nearest town)
d. name of hospital or institution Kent &	AL (If not in hospital, g Queen An		address) IOSP.		d. STREET ADDRES	s ey Nec	k		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Edwa		Thomas :	Long	Lost	4. DATE OF DEAT		pr. 1	17 /599
5. SEX	C	WIDOWI	-		V	1892	9. AGE (In year last birthday)	Months	1 YEAR IF UNDER 24 HRS Days Haurs Min.
watern	ing life, even if retired)	lane 10b.	Sea Food	R INDUS	Wicomi			12. CIT	U.S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDE	_			
-	es Long	ereo I-		lie.	Laura	Jone			
15. V. A.S. DECEASED EVER	IN U. S. ARMED FOR	aniant	20-05-185		s. Rache	l Long		Hall,	, Md.
PART I. DEAT	TH [Enter anly ane ca TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	/	ne for (a), (b), and (c).	7					INTERVAL BETWEEN ONSET AND DEATH
450.0 Conditions, if on	DUE TO	1	lenal.	ice	suffice	enc	ry		mouth.
gave rise to in couse (a), stating t lying cause last.		6	enera	lu	ed Ou	Leve:	oclesi	ris	year
PART II. OTHI	ER SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION G	IVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO S
	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter nature of injury	y in Part I or Pa	ort II of item 18.)		
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Doy, Yea	While	NJURY OCCURRED Nat while k at wark	20e. PLA fact	CE OF INJURY (Hame, ary, street, affice bldg.,	form, 20f. (Ci	ty ar tawn)	(0	Caunty) (State
21. I certify the	at I attended the	deceas		death	19.59, to	5/-/6			last saw the decease
ACTUAL SIGNATURE	Jany	18	enl to	38,	D 203		Street city or town		ST DATE SIGN
PHYSICIAN'S NAME (Type)	LARRY -	PAC	L Ros	22	Che.	stero	town	1/1	ARY/ANY
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	Apr. 20	1	22c. NAME OF CEME Sharpt		CREMATORY Cemetery		ATION (City, town,	ar county) Md.	(State)
23. FUNERAL DIRECTOR'S			ADDRESS			REC'D BY REGI	STRAR 24b. REC	GISTRAR'S SIC	GNATURE
Marvin	V. Willia	ms	Chestert	own .	Md. DATE	DR 2 2 15	0 0	11 - 8 4	les

TE OF DEATH	ADRIVAD (DEE)
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1. PLACE OF BEATH o. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	La Maria
4456 CERTIFICATE OF DEATH Rog. Dist. N	4448
ACE OF DEATH COUNTY RARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be b. COUNTY) b. COUNTY	for a pamission)
CUTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give a secret lown)	egrest fown)
RENT + Queen Anne 6, Hospital Strati Lule	IS RESIDENCE ON A FARM? YES
AME OF ECEASED POPULATION ROBERT VAN Meigs 4. DATE Month OF DEATH	Doy Yeor 1939
6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. ACE Hay years I F UNDER 1 YEA WIDOWED DIVORCED 1/2/ 1873 9. ACE Hay years I F UNDER 1 YEA	AR IF UNDER 24 HRS. Hours Min.
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN 13. S O U. T. 15. CITIZEN 17. S O U. T.	OF WHAT COUNTRY?
Sames Madison lander's maiden NAME Chilton	
VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT One of yolnown) (If yes, give wor or dotes of service) Address Address Address And Company of the comp	pel.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CER BY: UNDESCRIPTION COLOR COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) CER BY: UNDESCRIPTION COLOR OF THE PART 1. DEATH WAS CAUSED (o) C	DERVAL BETWEEN
Conditions, if any, which) (b) advances age of actions elevate	
gove rise to immediate couse (a), stating the under: tying couse tast. DUE TO Co Co Co Co Co Co Co Co Co C	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?

NAME OF DECEASED (Type or print) USUAL OCCUPATION during most of working 13. FATHER'S NAME 15. WAS DECEASED EVER I IB. CAUSE OF DEATH PART I. DEATH Conditions, if any gove rise to imm couse (a), stoting the lying couse lost. PART II. OTHER YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 of work of work p. m. 21. I certify that, I ottended the deceased from, 19____,that I last sow the deceosed that death occurred at OM, from the couses and on the date stated above olive on and ADDRESS (Street, city or town, state DAJE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ves/ 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Cirthur S. Kraus DATEPR 1 3 '59

VS A15 (4) 15M 9/55

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	THE RESIDENCE OF THE PROPERTY
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4463 CERTIFICATE OF DEATH

04449

	770	()			-=			Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Ken	t		MARYLAND	2. USUAL RE a. STATE	SIDENCE (WI	here deceased	lived. If institution b. COUNTY	on: Residence	before odmission)
b. CITY OR TOWN (I RURAL and give no Millingt	f outside corporate limi earest town) ON	its, write	c. LENGTH OF STAY IN 16	1	R TOWN (IF C		rate limits, write R	URAL and giv	re nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	give street	address)	d. STREET	ADDRESS			and the second	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CLARENCE	rst	MANSHIP MANSHIP	MELVI	N N	4. DATE OF DEATH	April		Day Year 5, 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARI	RIED TO NEVER MARRIED TO	B. DATE OF BIE		-	9. AGE (In years last birthday) 63 yrs.		YEAR IF UNDER 24 HRS. ays Hours Min.
100. USUAL OCCUPATION during most of work Cashier	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR IND		PLACE (State Md.	or foreign co	ountry)		S.A.
13. FATHER'S NAME Charles M	. Melvin				e Hess				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.		INFORMANT s. Lilli	an P.M	lelvin,	Addi Millir		Md.
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ny, which mmediate	ause per li	ne for (a). (b). and (c).] ute pulsu cuypen note is bets me	a of the	cole	ma			10 years
2		IDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED 1	TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART I	19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURE	RED. (Enter noture	of injury in	Part I or Port	II of item 18.)		
20c. TIME OF INJUR Hour o. jr. p. m.	Y Month, Day, Ye 19	While	NJURY OCCURRED 20e. If k of work	PLACE OF INJURY octory, street, offi	' (Home, farm ice bldg., etc	20f. (City	or town)	(Co	unty) (State)
21. I certify the alive on Sacrual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	deceas 12: Crash	ed from apr. 2 2, and that deal Concerns	_ M.D		M, from	1	nd on the	st saw the deceased date stated above DATE SIGNED
22a. BURIAL, CREMATIO BULLIA (Specify)			22c. NAME OF CEMETERY				ington K	ent Co	(State) Md.
23. FUNERAL DIRECTOR	SIGNATURE HELLOCA	8	Millington	Me	24a. REC'	D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	ATURE

DEVICE A DIRECT After this certificate has been signed by the attending physician and campletely filled in by the relativistic page 3 should be devached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shours be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by VS A15 (4) 15M 9/55

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THE TENANT	A.W.M.	
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04450 CERTIFICATE OF DEATH 4457 Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admit a. COU b. COUNTY MARYLAND b. QTN OR TOWN (If Outside corporate limits, write c. LENGTH OF STAY IN 16 9 c. GHY OR TOWN (If outside corporate limits, write RURAL) and give negrest town) pe URAL and give nearest town) hestertown NAME OF HOSPITAL (If pet in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE YES NO puo 2 4. DATE OF DEATH 3. NAME OF Middle Lost Manth, Day Yeor. filled (Type or print) 19 6ACONORYOR RACE 9. AGE (lo years lost purple) IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER-MARRIED B. DATE OF BIRTH completely Manths Doys Hours Min. DIVORCED T WIDOWED yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPOACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? 9 13. FATHER'S NAME 14. MOJHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Addres If yes, give wat or dates of service) 18. CAUSE OF DEATH [Enter only one couse perfine for (b), (b), and Ac).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO þ Ē Canditions, if any, which ony (b) signed gove rise to immediate DUE TO cause (o), stating the underpuo lying couse last. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 8 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while of work of work 21. I certify that I/attended the deceased fram __fhat I last saw the deceased alive an that death occurred a M, fram the causes and an the date stated above. and ADDRESS (Street, city or Itawn, stote) DATE SIGNED ACTUAL SIGNATURE pe prior FUNERAL DIRE PHYSICIAN'S the registrar NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) ELKTON I-CKTON 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REGIDARY REGISTRAR FZ KTOM, 246. REGISTRAR'S SEGNATURE VS A15 (4) HOME DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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the National Control of the State of the Sta		er – poetina arma 18
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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) M and and b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Month IFUNDER TYEAR Months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110119, WAS AUTOPS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Frund dedi 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection, Inquiry . Suicide , Hamicide , Undetermined manner

e. IS RESIDENCE ON A FARM? YES NO Z

Yeor

IF UNDER 24 HRS

PERFORMED?

NOF

and in my

DATE SIGNED

(Stole)

Hours

12. CITIZEN OF WHAT COUNTRY?

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4458

CERTIFICATE OF DEATH

114452

Reg. Dist. No.

1	o. COUNTY	Rent	MARYLAND	2. USUAL RESIDENCE		l lived. If institution b. COUNTY	on: Residence		lmission)
	b. CITY OR TOWN (IF RURAL and give no Cheste		c. LENGTH OF STAY IN 16	37 Cheste		rote limits, write R	URAL ond gi	ve nearest	town)
	OD INSCRIPTIONS	AL (If not in hospital, give street Queen Anne	oddress)	d. STREET ADDRESS		it.		0	RESIDENCE ON A FARM? S N N T
3	NAME OF DECEASED (Type or print)	Charles H.		Lost	4. DATE OF DEATH	Apri		1959	Yeor
	male	6. COLOR OR RACE 7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Sept. 26,	1899√	9. AGE (In years lost birthdoy) 58 yrs.		YEAR IF U	INDER 24 HRS.
	Res	N (Give kind of work done 10b. ing life, even if retired) Staurant	KIND OF BUSINESS OR IND	Kent Co	. Mary	ountry)		Usa.	HAT COUNTRY?
1	3. FATHER'S NAME	Charles Smith	1	14. MOTHER'S MAIDE Hatti	N NAME	lland			
1	S. WAS DECEASED EVER	If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	Bertha Sm	nith C	hester		Md.	
	PART I. DEAL 33/X Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	he under-	wheel Va	reulan A		<u>.</u>		ONSET A	L BETWEEN AND DEATH AND TEATH
ACTA DISTA	5	ER SIGNIFICANT CONDITIONS C S UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURR				EN IN PART	PE	REPORT OF STATE OF ST
	20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	Not while	PLACE OF INJURY (Home, footory, street, office bldg.,	orm, 20f. (City	or town)	(Cc	ounty)	(Stote)
		Thomas J. So		M.D. Chest	P.M. fram ADDRESS (SH	the causes a reet, city or town,	nd an the	ast saw to	the deceased tated abave DATE SIGNED
	20. BURIAL, CREMATION BURIAL (Specify)	Apr. 19, 19	259 Janes			ion (City. town, o		(Stote)
2:	3. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Chestertor		EC'D BY REGISTI		TRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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